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From: Neil R. Jetter

Date: 6/12/06

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Name: U.S. Patent and Trademark Office Fax Number: (571) 273-8300
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P.O. Box 1450
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Examiner: Webb, Gregory E.

Serial No.: 10/646,157

Inventors: SINGH

Docket No.: 5853-388

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Comments/Special Instructions

Enclosures:

- * Transmittal Form (1 page)
- * Fee Transmittal Form (1 page)
- * Terminal Disclaimer Form (1 page)
- * Reply to Final Office Action (8 pages)
- * This Fax Cover Sheet (1 page)

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Equirac ID: 8543/NRJ

(WP312132;1)

PTO/SB/21 (09-04)

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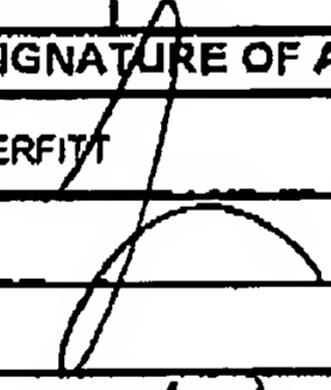
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/646,157
		Filing Date	August 22, 2003
		First Named Inventor	SINGH
		Art Unit	1751
		Examiner Name	Webb, Gregory
Total Number of Pages in This Submission		Attorney Docket Number	S853-388

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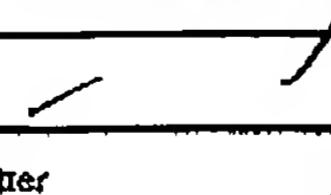
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Fax Cover Sheet	
Remarks			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	AKERMAN SENTERFITT		
Signature			
Printed name	Neil R. Jetter		
Date	6/12/06	Reg. No.	46,803

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Neil R. Jetter
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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
125.00

Complete if Known

Application Number
10/646,157Filing Date
August 22, 2003First Named Inventor
SINGHExaminer Name
Webb, Gregory EArt Unit
1751Attorney Docket No.
5853-388

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)
50Small Entity Fee (\$)
25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)
200Small Entity Fee (\$)
100

Multiple dependent claims

Fee (\$)
360Small Entity Fee (\$)
180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other One-Month Extension of Time (\$60); Terminal Disclaimer (\$65)

Fee Paid (\$)

\$125.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 46,803	Telephone 561.653.5000
Name (Print/Type)	Neil R. Jetter		Date 6/12/06

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